Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

16224

Application ID:

10064344

Title of Invention:

FLUID MANIFOLD FOR A WELDER

First Named Inventor:

Herbert Bankstahl

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2002-07-03

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

ITW7510.012

Digital Certificate Holder: Traden

cn=John Mark Wilkinson, ou=Registered Attorneys, ou=Patent and

Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

fswNpGMZDFR6Z07EFYSDXg==

Total Fees Authorized:

\$860.0

Payment Category:

CC - Credit Card

Credit Card Number:

********2548

Expiration Date:

10012002

Card Holder Name:

Timothy J. Ziolkowski

RAM User ID:

EFSPROD

RAM Accounting Date

2002-07-03

RAM Sequence Number:

479359

RAM Payment Status:

RAM success

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53202

TRANSMITTAL FORM

10930 U.S. PTO 10/064344

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility

Patent Filing

Attorney Docket Number:

ITW7510.01

FLUID MANIFOLD FOR A WELDER

First Named Inventor: Mr. Herbert A. Bankstahl

SUBMITTED BY

Name:

Mr. John Mark Wilkinson Esq.

Registration Number:

48865

Electronic Signature Mark: /s/J.

Mark Wilkinson

Date Signed: 20020702

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

Dec1.tif

declaration

Dec2.tif

bibd-transmittal

submitapds.xml

fee-transmittal

submitfee.xml

specification

pa.xml

Attached Image File(s):

Dec1.tif

Dec2.tif

Comments:

PATENT APPLICATION

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DECLARATIONAND POWER OF ATTORNEY FOR PAILENT APPLICATION	STATE OF THE PARTY
	NAME OF TAXABLE PARTY.
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As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original are listed below) of the su	, first and so bject matter	le inventor (if only which is claimed an	one name is listed d for which a pater	below) o it is sou	or an original, ght on the inve	first and jo intion entit	int inventor (if plu led:
		FLUID MA	NIFOLD FOR	RA WI	ELDER		
the specification of which () was filed on Number	is attached l	as US Applic	lowing box is chec ation Serial No. or ed on	PCT Int	ternational Ap	plication	
I hereby state that I have a any amendment(s) referred 37 CFR 1.56.	eviewed and	l understood the con	itents of the above-	-identifie	ed specification	n including	g the claims, as am o patentability as c
Foreign Application(s) and/or I hereby claim foreign priority have also identified below any f	benefits under	Fitle 35. United States C	Code Section 119 of an (s) certificate having a	y foreign filing date	application(s) for before that of the	patent or inv	entor(s) certificate list on which priority is cla
COUNTRY	COUNTRY APPLICATION NUMBER DATE FILED)	PRIORITY CLAIMED UNDER 35 U.S.C. 1			
	ļ					YES:	NO:
Provisional Application	<u> </u>					YES:	NO:
I hereby claim the benefit under	Title 35, United	d States Code Section 11 APPLICATION SI			onal application(s) listed below	:
					190		
		L		L <u></u>			
U.S. Priority Claim I hereby claim the benefit under claims of this application is not acknowledge the duty to discloration application and the national	uisciosed in the se material info	prior United States applemation as defined in Ti	ication in the manner p	rowided b	te tha first marra	mb = 6 T.41 = 24	TT-14-4 O4-4 - O 1 4
APPLICATION SERIAL NUMBER		FILING DATE		STATUS(patented/pending/abandoned)			
	·						
POWER OF ATTORNEY: As a named inventor, I hereby Trademark Office connected the	appoint the fol	llowing attorney(s) and/	or agent(s) listed belo	w to pros	ccute this applica	ation and tran	sact all business in the
	I. Ziolkowski, l Vilkinson, Reg.						
along with the following registe	ered attorneys	and agents of Illinois T	ool Works Inc., 3600	West Lake	e Avenue, Glenvi	ew, IL 60025	i-5811:
Donald J. Lisa M. S John H. P Paul F. D	Croll, Reg. No. Breh, Reg. No. Oltis, Reg. No. 4 ilarski, Reg. N Onovan, Reg. N Pritchard, Re	. 30,159 40, 623 o. 33,028 o. 39,962					

Benjamin J. Hauptman, Reg. No. 29, 310

Timothy J. Ziolkowski Goblike Franke S.C. 660 Fast Mason Street Milwanker, WL 582027	Direct Telephone Calle To Limothy, F. Ziotkowski Lim
I hereby declare that all statements made herein of my own knowledge are to that these statements were made with the knowledge that willful false statement of Title 18 of the United States Code and that such willful false statements may	rue and that all statements made on information and belief are believed to be true ents and the like so made are punishable by fine or imprisonment, or both, under ay jeopardize the validity of the application or any patent issued thereon.
Full Name of Inventor: Herbert A. Bankstahl	Citizenship: German
Residence/Post Office Address) W2541 Block Road, Appleton, WI 54919	Date 7/1/02
Full Name of Inventor: <u>Joseph Gitter</u>	Citizenship: USA
Residence/Post Office Address: N5370 County Highway W, New London	, WI 54961
Joseph C. Ditte	7/1/02
Inventor's Signature	Date

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$860

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

2548

Expiration Date:

20021001

Authorized Name:

Timothy J. Ziolkowski

Billing Address:

53202

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	101	\$ 740	

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 22	103	\$ 18	2	\$ 36
Independent Claims: 4	102	\$ 84	1.	\$ 84

Subtotal For Extra Claims Fees: \$ 120